70th 8/16/17

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

30th day 8/05/17

PRINTED: 07/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445476	A. BUILDING _____ B. WING _____	R 07/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ISLAND HOME PARK HEALTH AND REHAB	1758 HILLWOOD DRIVE KNOXVILLE, TN 37920 create PoC

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS During a follow-up survey conducted on 7/5/17, at Island Home Park Health and Rehab, the facility was re-cited for a deficiencies (F323) under 42 CFR Part 483, Requirements for Long Term Care.	{F 000}	This Plan of Correction is submitted as required under State and Federal law. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the	
{F 323} SS=D	483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES (d) Accidents. The facility must ensure that - (1) The resident environment remains as free from accident hazards as is possible; and (2) Each resident receives adequate supervision and assistance devices to prevent accidents. (n) - Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. (1) Assess the resident for risk of entrapment from bed rails prior to installation. (2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. (3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by: Based on review of the manufacturer's operating instructions, medical record review, observation	{F 323}	findings constitute a deficiency or that the scope and severity determination is correct. Because the facility makes no such admission, the statements made in the Plan of Correction cannot be used against the facility in any subsequent administrative or civil proceeding taken: 7/8/17 1. Resident #26 was assessed by the Regional Director of Clinical Services on 7/5/17. No injury was noted to the resident. 2. 100% of residents were screened on 7/5/17 for transfer techniques needed by the Director of Nursing. The facility identified one (1) resident currently requiring use of a sit to stand mechanical lift.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Deb Hurdle | TITLE: Administrator | (X6) DATE: 7/18/17

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ISLAND HOME PARK HEALTH AND REHAB	1768 HILLWOOD DRIVE KNOXVILLE, TN 37920

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{F 323}	Continued From page 1 and interview, the facility failed to follow the manufacturer's operating instructions for the use of a mechanical lift for 1 resident (#26) of 3 residents reviewed for accidents of 27 sampled residents. The findings included: Review of the manufacturer's operating instructions, Mini Lift 200 (440 lbs.) Sit To Stand Lift Operating Instructions dated 1/25/10 revealed, "...Position sling around residents lower back with padded edge up and fasten belt buckle for a snug fit..." Medical record review revealed Resident #26 was admitted to the facility on 2/16/05 and re-admitted on 7/3/12, with diagnoses including Alzheimer's Disease, Anxiety Disorder, Kyphosis and Difficulty in Walking. Review of the transfer needs assessment dated 6/8/17 revealed "...Powered stand assist lift [Sit to Stand]..." Review of the Program Attendance Record for Mechanical Lifts dated 6/21/17, revealed Certified Nursing Assistant (CNA) #1 and #2 attended the education session for mechanical lifts. Observation of Resident #26 on 7/5/17 at 10:05 AM, in the central bathroom on 100 hallway revealed CNA #1 and CNA #2 transferred the resident from a wheelchair to the toilet using a sit to stand lift. Further observation revealed the CNA's transferred the resident to the toilet and did not fasten the safety belt before transfer. Interview with CNA #1 on 7/5/17 at 10:20 AM, in	{F 323}	3. Competencies with return demonstration for the sit to stand lift, following facility policy and the manufactures recommendations, on 100% of certified nursing assistants were started on 7/5/17 and completed on 7/7/17. The competencies were completed by the Director of Nursing, Assistant Director of Nursing, the Staff Development Coordinator and Regional Director of Clinical Services. 4. Audits with sit to stand lift observations will be conducted daily x 2 weeks, then, 5 times a week x 2 weeks, then 3 times a week for two months or until substantial compliance is met. Result of the audits will be presented to the facility Quality Assurance and Performance Improvement (QAPI) committee and any concerns will be addressed at the time identified. The QAPI committee consists of the Medical Director, Administrator,	

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{F 323}	Continued From page 2 the 100 hallway confirmed the safety belt was not fastened on Resident #26 before transferring the resident using the sit to stand lift. Interview with CNA #2 on 7/5/17 at 10:25 AM, in the 100 hallway confirmed the safety belt was not fastened on Resident #26 before transferring the resident using the sit to stand lift. Interview with the Director of Nursing on 7/5/17 at 2:45 PM, in the Administrator's office confirmed staff had been instructed to fasten the safety belt on the sit to stand lift before transferring residents. Continued interview confirmed the facility failed to follow the manufacturer's operating instructions for the Sit to Stand Lift while transferring Resident #26.	{F 323}	Director of Nursing, Assistant Director of Nursing, Dietary Manager, Staff Development Coordinator and Business Office Manager.	